

THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK

UNITED STATES V. KEVIN LOWE

CASE NO. 16-188-CR

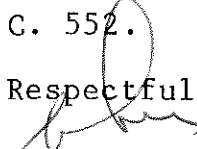
NOTICE OF MOTION

Please take notice that upon the annexed affirmation of Kevin Lowe and upon all prior papers and proceedings had herein the petitioner pursuant to 5 U.S.C. 552 (Freedom of Information Act), hereby moves this Court for an order as follows:

- 1) That the Court issue a writ of mandamus compelling the government to provide the information requested as stipulated in the attached correspondence dated December 17, 2017.
- 2) That the government may not charge petitioner for any of the requested information, since they have exceeded the 21 day deadline for response as contained in 5 U.S.C. 552.

Respectfully Submitted,

Dated: February 5, 2018


Kevin Lowe
69885-054
Federal Prison Camp
PO BOX 200
Waymart, PA 18472

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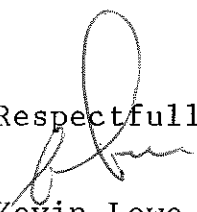
~~SUPPORTING AFFIRMATION~~

Kevin Lowe the petitioner, hereby affirms the following under penalty of perjury:

- 1) I am the petitioner in the instant proceedings and make this affirmation in support of the relief requested.
- 2) A request for information pertaining to my trial was mailed to the government on December 17, 2017. (Please see attached,)
- 3) A postal return receipt confirming receipt by the government on December 20, 2017 is attached.
- 4) I have received no reply whatsoever from the government after waiting more than six weeks.

Dated: February 5, 2018

Respectfully Submitted,


Kevin Lowe
69885-054
Federal Prison Camp
PO BOX 200
Waymart, PA 18472

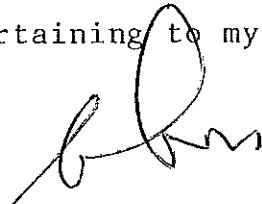
FOIA Public Liaison
or TO WHOM IT MAY CONCERN
Executive Office for United States Attorneys

Dear Sir/Madam:

Under 5 U.S.C. 552 (Freedom of Information Act), I am hereby requesting a paper copy of any and all material pertaining to my case entitled United States v. Kevin Lowe, No 16-188 CR prosecuted by your office. The requested documents should include but not be limited to the following:

- (1) Any and all documents and notes pertaining to interviews, correspondence, and statements of NYPD and DEA officials.
- (2) Any and all documents and notes pertaining to interviews, depositions, statements, and correspondence with any former and at the time current, Astramed employees.
- (3) Any and all documents and notes pertaining to interviews, depositions, statements, and correspondence with any doctors.
- (4) Any and all documents and notes pertaining to the psychiatric history and treatment of Robert Terdiman, including but not limited to, treatment for depression, memory loss or dementia.
- (5) Any and all inducements or rewards offered to witnesses against me, including promises of leniency, cell phone service, and any fees paid in my case, for any and all information, or for testifying against me.
- (6) Any and all documents and notes pertaining to interviews, depositions, statements, and correspondence of any and all witnesses against me, whether or not they testified at trial.
- (7) Any and all documents and notes pertaining to the employment history of Robert Terdiman.
- (8) Any and all documents and notes pertaining to correspondence between your office, the prosecutors, and my former attorney William Fowlkes.
- (9) Any and all documents and notes pertaining to correspondence between your office, the prosecutors, and my former attorney Florian Miedel.
- (10) Any and all documents and notes pertaining to interviews, depositions, statements, and correspondence of any and all co-defendants.
- (11) Any and all documents and notes pertaining to interviews, depositions, statements, and correspondence with any expert witnesses, whether or not they testified at my trial.
- (12) Any and all documents and notes pertaining to any interviews, depositions, statements, and correspondence with any Health Insurance Companies.
- (13) Any and all documents and notes pertaining to any interviews, depositions, statements, and correspondence with special investigators.
- (14) Any and all documents and notes pertaining to any interviews, depositions, statements, and correspondence with any hospitals.
- (15) Any and all documents and notes pertaining to any interviews, depositions, statements, and correspondence of any technical or forensic specialists.
- (16) Any and all documents and notes pertaining to any interviews, depositions, statements, and correspondence with patients.

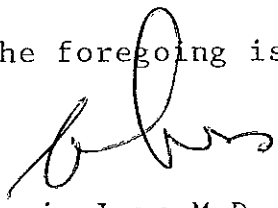
- (17) Any and all documents and notes pertaining to any police reports.
- (18) Any and all documents and notes of police and/or prosecutor's interviews of witnesses.
- (19) Any and all documents and notes in prosecutor's file, including interview notes, notes on exercise of prosecutorial discretion to charge, accept plea, strike prospective jurors preemptively and recommend sentence.
- (20) Any and all documents and notes pertaining to interviews, statements and correspondence with media.
- (21) Any and all documents and notes pertaining to my personal and professional history.
- (22) Any and all exculpatory material pertaining to my prosecution.



Kevin Lowe M.D.
SS -----0199

Executed on: December 17, 2017

I declare under penalty of perjury that the foregoing is true and correct.



Kevin Lowe M.D.
69885-054
Federal Prison Camp
P.O. Box 200
Waymart, PA 18472

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p> <p>X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>EXECUTIVE OFFICE FOR UNITED STATES ATTORNEYS U.S. DOJ 950 PENNSYLVANIA AV. NW, ROOM 2242 WASHINGTON, DC 20530000</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Barcode</p> <p>9590 9403 1010 5271 4271 75</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (\$500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>61 4620</p> <p>2-000-9053</p>		<p>Domestic Return Receipt</p>	

THIS CORRESPONDENCE IS FOR
OFFICIAL USE ONLY IN THE CI
FEDERAL BUREAU